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**CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH**
**WALTER M. DICKIE, M.D., Director**

# Weekly Bulletin

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# *Examination of Public Health Nurses*

By Adelaide Brown, M. D. Chairman, Committee on Public Health Nursing, State Department of Public Health

Fifty-seven candidates presented themselves at the examination for public health nurses in December, 1930. In view of the importance of maternal welfare and infant care, as emphasized by the White House conference, the first ten questions showed adequate attention being paid to maternity nursing, prenatal and infant care in the training schools. One would suppose this to be true in a state confining 50 per cent to 80 per cent of all cases in hospitals.

Question 7 brought out interesting answers. I would agree that the doctor who gave adequate prenatal care would be equally careful about intranatal and postnatal care. Evidently the nurses thought so.

Questions 8 and 9 emphasized control of pasteurization by health laboratories. As it is not an *economic* but a *health* measure the Board of Health and not the industry should be responsible.

Question 10 emphasized bacteriological control but also considered the importance of a clean product and double-capping.

Question 30 was poorly answered. Maternal mortality and infant mortality, their causes and rates, should be indelibly inscribed on public health minds.

31. Brucella militensis, or Brucella abortus, or contagious abortion organism, were all acceptable answers.

33. Only one nurse answered correctly. *Neanatal death.* This again is a word in a public health vocabulary.

Following is a summary of the answers to the questions given in the examination:

### PUBLIC HEALTH NURSING EXAMINATION

December 20, 1930

*In column corresponding with subdivision (1) (2) (3) of question mark "X".

| | Column 1 | Column 2 | Column 3 |
|---|---|---|---|
| 1. During your training as a nurse were you present at | | | |
| (1) under 10 | 3 | | |
| (2) under 20 or | | 10 | |
| (3) under 30 deliveries? | | | 45 |
| 2. Did you nurse as a pupil nurse | | | |
| (1) five | 2 | | |
| (2) ten or | | 4 | |
| (3) fifteen confinement cases? | | | 56 |
| 3. Did you work in the nursery | | | |
| (1) one | | | |
| (2) two or | | | |
| (3) four weeks? | | | 61 |
| 4. Have you been instructed in prenatal care | | | |
| (1) as a pupil nurse | 38 | | |
| (2) in a public health nursing course or | | 23 | |
| (3) in your practical experience as public health nurse? | | | 4 |
| 5. Where have you learned hygiene of infancy | | | |
| (1) as a pupil nurse | 40 | | |
| (2) in a public health nursing course, or | | 22 | |
| (3) in practical experience? | | | 3 |
| 6. Have you learned hygiene or infancy by | | | |
| (1) case study | 27 | | |
| (2) lectures and demonstrations, or | | 51 | |
| (3) round-tables under your nursing chief? | | | 10 |
| 7. If you were a patient would you prefer | | | |
| (1) adequate prenatal care | 42 | | |
| (2) adequate intranatal care | | 25 | |
| (3) adequate postnatal care? Number in order of importance, or give only one answer. | | | 7 |
| 8. In controlling a milk supply, should tests be made by a | | | |
| (1) board of health laboratory | 43 | | |
| (2) department of agriculture or | | 11 | |
| (3) by neither, except in case of a milk-borne epidemic? | | | 4 |
| 9. Is pastuerization of milk | | | |
| (1) a health measure | 24 | | |
| (2) an economic measure, or | | 0 | |
| (3) both? | | | 33 |
| 10. Pasteurization of milk to be adequately done needs | | | |
| (1) a clean product | 28 | | |
| (2) bacteriological control | | 44 | |
| (3) no contamination of package | | | 26 |

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*Figures in columns indicate compilation of answers.

*In proper column mark "yes" or "no."

| | Yes | No |
|---|---|---|
| 11. Double-capping of milk is an esthetic requirement | | × |
| 12. Anterior-Poliomyelitis is a disease of young children, solely | | × |
| 13. The complications of Anterior-Poliomyelitis are largely controlled by the use of convalescent serum | × | |
| 14. The public health nurses may be a great assistance in educating donors on their duty in time of need to give convalescent serum | × | |
| 15. The Bureau of Child Hygiene, State Department of Public Health, receives an annual allowance from the federal government | | × |
| 16. The Bureau of Child Hygiene deals with prenatal care and care of infancy and preschool children | × | |
| 17. It functions in counties not otherwise able to develop this work | × | |
| 18. The infant mortality rate is an excellent index of public health efficiency | × | |
| 19. California is the only state which examines and registers public health nurses | × | |
| 20. The Bulletin of the State Department of Public Health is free, on application, to all citizens interested in public health | × | |
| 21. The incidence of tuberculosis is on the increase in California and the United States of America, between fifteen and twenty years of age, in girls | × | |
| 22. Stripping to the waist is a prerequisite of a thorough chest examination | × | |
| 23. Correct posture is attained by setting-up exercises | | × |
| 24. A full-time county health officer would develop his work, in order of importance, by organizing a county laboratory, sanitary inspection, milk and water control, public health nursing | × | |
| 25. Home nursing is an important part of public health nursing | | × |
| 26. In public health work a nurse never loses the opportunity of giving one or more instructive nursing visits | × | |
| 27. Efficient follow-up work is more important than the tabulation of defects | × | |
| 28. Dental caries have been controlled by better dental hygiene | | × |
| 29. Habit training may well be postponed until a baby becomes a run-a-bout (18 months) | | × |

†30. *Septicaemia* and *toxaemia* are the most prominent causes of maternal mortality.

31. Undulant fever is caused in human beings by *Brucella abortus,* found in pigs, goats and cows.

32. *Tuleraemia* was described first in California and is a disease of rabbits, transferred by handling infected animals.

33. A death in the first month of life is described as a *neonatal* death.

*Correct answers are marked in proper columns.
†Convulsions or kidney disease also accepted.

The following answers to questions 34 to 38 are those given by one of the candidates, whose paper was rated high:

34. You are the first public health nurse in a community. State the sources and agencies you would use to develop a prenatal and infant and child welfare program.

*Answer:* My first step would be to call upon the local physicians and get their support. (2) Use the local newspapers for awakening community interest and to tell the need, explain the results obtained elsewhere, that it does not interfere with the local physician; that the service is without charge, and that instruction and advice are given by those fully qualified to give it. (3) To get the assistance of the societies in the community such as P. T. A., service clubs, social service societies, all of them helping by supplying a suitable place, supplies and equipment, giving of time to bring those not able to come themselves to clinics, to help with clinics, to give money for milk for those unable to obtain it, cots to be used for rest periods at school.

In case no physician is supplied by the State Department of Child Hygiene for clinic work the local physicians should be willing to give their services.

35. A severe epidemic or sore throat exists in your community. What source would be investigated?

In case a severe epidemic of sore throat should arise in the community the milk supply should be investigated.

36. Name five diseases which must be quarantined in this state, stating length of quarantine. Name five reportable diseases.

Five diseases, which must be quarantined in this state and length of time of quarantine.

1. Diphtheria. Until two negative cultures from the nose and throat, of all cases, taken not less than 48 hours apart and not longer than one week apart. In case the cultures are still positive after a period of four weeks following complete recovery of the patient the quarantine shall be lifted at the discretion of the health officer and after the State Department of Public Health has been notified and investigated the case. All immediate contacts, meaning those in the quarantine area, shall have been proven negative by nose and throat cultures also.

2. Scarlet fever. Twenty-one days and as much longer as necessary until all discharges have ceased.

3. Smallpox. Quarantined until all lesions have healed, scabs removed and all discharges ceased.

4. Poliomyelitis. Twenty-one days after onset.

5. Typhoid fever. Usually 21 days. Varies with the case, quarantine lasting until two negative stool and urine cultures have been obtained, the cultures being taken one week apart.

Reportable diseases: Mumps, measles, German measles, chickenpox, whooping cough.

37. How would you proceed to determine the extent of tuberculosis in a given county, and what use would you make of this information in planning a campaign of prevention and control?

To determine the extent of tuberculosis in a given county, I would, first, contact the health officers—county and city—and get information regarding cases, both active and arrested, the deaths from tuberculosis for the five years preceding to check on contacts, obtaining both names and addresses on all cases. I would use the newspapers over the entire county for (1) volunteer information regarding cases, those who have been contacts and want information regarding care; (2) to give information concerning the importance of complete physical examinations for everyone once a year and for all tuberculosis contacts twice a year, especially for children. With the information obtained I would make a home visit to each active case, give instructions as to care of the patient, the protection of all contacts, examination of all contacts by a competent physician. Any information concerning cases suspected should be requested from each case.

For each death of tuberculosis contact with the family should be made, all contacts checked and examination requested.

Reports from the examining physicians should be obtained in order that those requiring constant supervision should be known.

38. Name four factors which influence infant deaths under one year. Communicable diseases, intestinal disorders, malnutrition, and accidents at birth are four factors which influence infant deaths under one year.

## PROGRESS IN CHILD HYGIENE

During the six-month period, July 1, 1930, to December 31, 1930, a total of 4242 children were examined by the physcians on the staff of the Bureau of Child Hygiene. Their age distribution was as follows:

| | |
|---|---|
| Birth to one year | 1,141 |
| One to two years | 649 |
| Two to six years | 2,452 |
| Total | 4,242 |

There was a total of 5955 examination made, 1713 of these having been return examinations. A total of 6915 physical defects were discovered, 4955 of which required medical services for their correction. Wherever possible, parents were referred to family physicians for the correction of defects that were discovered in routine examinations.

The posture expert in the bureau held fifty-nine conferences which were attended by 1369 children. In addition, eight talks or demonstrations were given before a combined audience of 800.

The report of the maternity hospital and home inspector follows:

| | |
|---|---|
| Licensed maternity hospitals inspected | 141 |
| Licensed maternity homes inspected | 72 |
| New maternity hospitals inspected | 9 |
| New maternity homes inspected | 25 |
| Total | 247 |

Nearly 75,000 pieces of literature were distributed during the six-month period. New names of 2698 expectant mothers were added to the list for monthly letter prenatal service.

It is not the disease but neglect of the remedy which generally destroys life.—*Latin Proverb.*

## NORMAL POSTURE

The following is from a new publication, "Posture Training," issued by the Bureau of Child Hygiene of the State Department of Public Health:

> The normal posture may be measured by an imaginary yardstick, a straight line, which, in the correct standing position, should pass through the ear, the shoulder, and the hip joints, just behind the knee cap, and slightly in front of the ankle joint. As we view the body from the back we may also use a straight line as a measuring stick. Vertically, this imaginary straight line should pass through the center of the back of the head, along the entire length of the spine, down between the crevice formed by the larger hip muscles, and directly between the knees and the ankle joints. Both hips, both knees, and both ankles should be equal distances from this center line. We should, also, be able to draw straight horizontal lines to measure the normal relationship of the shoulders and of the hips. This position should be one of ease, not one of strain and tenseness.
>
> Accordingly, in the normal standing position we should find:
>
> 1. Feet slightly apart, inner arch held high, toes pointing straight ahead.
> 2. Weight slightly forward over the balls of the feet.
> 3. Knees firm but not tense, neither bowed nor knocked.
> 4. Hips firm—not protruding backward.
> 5. Both hip bones level.
> 6. The pelvis girdle, which is indicated by the hip bones, held up in front.
> 7. Lower abdomen flat.
> 8. Chest lifted, and that part of the body which is foremost.
> 9. Shoulders level and "easy" (not shrugged upward).
> 10. Head poised comfortably on top of spine so that eyes do not have to be lifted to look forward. Chin neither up nor in.

## CHANGES AMONG HEALTH OFFICERS

Dr. Harold P. Muller has been appointed city health officer at Modesto to succeed Dr. J. W. Morgan. Dr. Muller will be long remembered as the famous end on the University of California "wonder" football team.

Dr. C. G. Newbecker has been appointed health officer of Kings County to succeed Dr. A. S. Torrens.

Mr. B. J. Dennis is now city health officer of Biggs.

Human pride is skilful to invent most serious names to hide its ignorance.—*Shelley.*

## MORBIDITY*

**Diphtheria.**

63 cases of diphtheria have been reported, as follows: Albany 1, Oakland 1, Fresno County 1, Fresno 1, Kern County 1, Kings County 1, Los Angeles County 8, Burbank 1, Glendale 2, Long Beach 3, Los Angeles 13, Sausalito 1, Carmel 1, Monterey 1, Salinas 1, Orange County 1, Huntington Beach 3, Santa Ana 1, Riverside 2, Sacramento 3, San Bernardino County 1, Chino 1, San Francisco 5, San Joaquin County 6, Sebastopol 1, Exeter 1, Ventura County 1.

**Scarlet Fever.**

137 cases of scarlet fever have been reported, as follows: Alameda County 1, Oakland 4, Colusa County 2, Fresno County 1, Fowler 1, Fresno 2, Sanger 1, Kern County 2, Bakersfield 4, Taft 1, Kings County 2, Los Angeles County 11, Beverly Hills 1, Burbank 1, Glendale 5, Huntington Park 1, Long Beach 6, Los Angeles 15, Pomona 2, West Covina 2, Gardena 1, Marin County 1, Point Arena 1, Merced County 3, Modoc County 8, Salinas 1, Orange County 2, Anaheim 1, Brea 1, Fullerton 1,

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*From reports received on January 19th and 20th for week ending January 17th.

Riverside County 1, Perris 2, Riverside 1, Sacramento 3, Hollister 1, Ontario 1, Upland 2, La Mesa 2, San Diego 2, San Francisco 3, San Joaquin County 2, Lodi 1, Manteca 1, Stockton 3, San Luis Obispo 1, South San Francisco 4, Santa Barbara 14, Santa Clara County 1, Yreka 1, Solano County 1, Tehama County 1, Tulare County 1, Dinuba 1, Tulare 1, Oxnard 1.

### Measles.

363 case of measles have been reported, as follows: Berkeley 8, Oakland 1, San Leandro 19, Butte County 1, Gridley 2, Contra Costa County 4, Fresno County 13, Fowler 2, Fresno 3, Reedley 3, Selma 7, Kern County 6, Bakersfield 5, Kings County 4, Los Angeles County 8, Arcadia 1, Azusa 1, Burbank 1, Covina 12, El Monte 1, Glendora 9, Hermosa 2, La Verne 1, Long Beach 3, Los Angeles 20, Manhattan 11, Redondo 1, Santa Monica 1, Whittier 2, Bell 1, Madera County 1, Monterey County 1, Orange County 6, Brea 1, Fullerton 7, Santa Ana 2, Placentia 3, Riverside County 4, Riverside 2, San Bernardino County 3, Ontario 14, San Bernardino 5, Upland 12, San Diego 48, San Joaquin County 1, San Luis Obispo County 18, San Luis Obispo 45, San Maeto 2, San Jose 2, Shasta County 3, South San Francisco 2, Stanislaus County 1, Tulare County 5, Lindsay 2, Porterville 2, Visalia 2, Ventura County 6, Oxnard 9, Yuba County 1.

### Smallpox.

156 cases of smallpox have been reported, as follows: Alameda County 1, Alameda 1, Oakland 1, Gridley 1, Richmond 1, Fresno County 17, Kern County 2, Delano 1, Los Angeles County 5, Alhambra 1, Arcadia 1, Huntington Park 2, Los Angeles 3, Madera County 26, Modoc County 4, Napa County 4, Calistoga 1, Napa 1, Orange 1, Placer County 2, Sacramento 1, San Bernardino County 2, Ontario 1, San Francisco 6, Solano County 2, Vallejo 4, Sonoma County 3, Santa Rosa 1, Stanislaus County 16, Modesto 7, Sutter County 1, Tulare County 29, Porterville 6, California 1.**

### Typhoid Fever.

6 cases of typhoid fever have been reported, as follows: Oakland 1, San Francisco 2, San Joaquin County 1, Stanislaus County 1, Red Bluff 1.

### Whooping Cough.

167 cases of whooping cough have been reported, as follows: Alameda 7, Berkeley 21, Oakland 24, Fresno 4, Los Angeles County 1, Beverly Hills 1, Glendale 1, Huntington Park 1, Long Beach 12, Los Angeles 14, Redondo 2, San Fernando 3, Santa Monica 5, Yosemite 1, King City 1, Salinas 2, Santa Ana 2, Placentia 1, Riverside 7, Sacramento 3, San Bernardino 1, San Diego County 6, San Diego 5, San Francisco 16, San Joaquin County 3, Stockton 9, Santa Barbara 1, Santa Clara County 13.

### Meningitis (Epidemic).

8 cases of epidemic meningitis have been reported, as follows: Los Angeles 4, Fort McDowell 2, San Francisco 1, Tulare County 1.

### Poliomyelitis.

10 cases of poliomyelitis have been reported, as follows: Oakland 1, Humboldt County 2, Los Angeles County 1, Los Angeles 1, San Francisco 3, Palo Alto 1, Stanislaus County 1.

### Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported, as follows: Berkeley 1, Orange County 1.

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**Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## COMMUNICABLE DISEASE REPORTS

| Disease | 1930-31 | | | | 1929-30 | | | |
|---|---|---|---|---|---|---|---|---|
| | Week ending | | | Reports for week ending Jan. 17 received by Jan. 20 | Week ending | | | Reports for week ending Jan. 18 received by Jan. 21 |
| | Dec. 27 | Jan. 3 | Jan. 10 | | Dec. 28 | Jan. 4 | Jan. 11 | |
| Actinomycosis | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Chickenpox | 164 | 312 | 546 | 497 | 253 | 305 | 523 | 419 |
| Coccidioidal Granuloma | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| Diphtheria | 50 | 56 | 67 | 63 | 86 | 91 | 69 | 93 |
| Dysentery (Amoebic) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Dysentery (Bacillary) | 2 | 0 | 3 | 2 | 9 | 0 | 2 | 0 |
| Encephalitis (Epidemic) | 1 | 0 | 0 | 2 | 4 | 1 | 1 | 0 |
| Erysipelas | 15 | 22 | 19 | 32 | 17 | 17 | 23 | 25 |
| Food Poisoning | 0 | 1 | 0 | 0 | 1 | 0 | 10 | 0 |
| German Measles | 2 | 8 | 14 | 8 | 11 | 11 | 21 | 17 |
| Gonococcus Infection | 88 | 162 | 145 | 153 | 75 | 98 | 138 | 98 |
| Influenza | 60 | 54 | 96 | 63 | 42 | 54 | 77 | 110 |
| Jaundice (Epidemic) | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 |
| Leprosy | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 1 |
| Malaria | 1 | 1 | 0 | 2 | 1 | 1 | 1 | 0 |
| Measles | 110 | 209 | 316 | 363 | 257 | 190 | 578 | 490 |
| Meningitis (Epidemic) | 7 | 15 | 9 | 8 | 18 | 11 | 12 | 18 |
| Mumps | 65 | 148 | 248 | 282 | 240 | 367 | 456 | 563 |
| Ophthalmia Neonatorum | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Paratyphoid Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Pellagra | 1 | 1 | 0 | 1 | 4 | 0 | 2 | 0 |
| Pneumonia (Lobar) | 76 | 119 | 113 | 128 | 136 | 99 | 115 | 98 |
| Poliomyelitis | 13 | 14 | 8 | 10 | 2 | 2 | 3 | 2 |
| Rabies (Animal) | 15 | 33 | 19 | 12 | 12 | 14 | 8 | 12 |
| Scarlet Fever | 79 | 94 | 106 | 137 | 240 | 280 | 325 | 278 |
| Smallpox | 41 | 67 | 68 | 156 | 98 | 56 | 83 | 157 |
| Syphilis | 120 | 110 | 169 | 173 | 112 | 107 | 179 | 129 |
| Tetanus | 3 | 0 | 1 | 1 | 2 | 0 | 0 | 1 |
| Trachoma | 0 | 5 | 1 | 0 | 4 | 1 | 2 | 4 |
| Trichinosis | 0 | 0 | 0 | 0 | 24 | 17 | 34 | 4 |
| Tuberculosis | 149 | 185 | 261 | 127 | 151 | 188 | 223 | 174 |
| Tularemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Typhoid Fever | 8 | 11 | 6 | 6 | 7 | 4 | 7 | 3 |
| Typhus Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Undulant Fever | 4 | 0 | 4 | 0 | 2 | 4 | 1 | 2 |
| Whooping Cough | 50 | 76 | 152 | 167 | 54 | 73 | 134 | 114 |
| Totals | 1,124 | 1,705 | 2,374 | 2,393 | 1,866 | 1,993 | 3,030 | 2,816 |

**Influenza and pneumonia will bear close watching at this season.**

* * *

**Epidemic poliomyelitis is reported in larger numbers than at a corresponding period of last year.**

* * *

**Smallpox leaped up to 156 cases reported last week. Most cases are in the San Joaquin Valley.**

* * *

**Measles and scarlet fever show increases.**

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